## **CERTIFICATE OF SERVICE**

I, Gini L. Downing (the complaint was made February 4, 2022)	name), certify that service of this summons and a copy of(date) by:
Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:	
Pernix Therapeutics 208 W. Eastbank Street Gonzales, LA 70737	
Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:  Pernix Therapeutics, Inc.  Attn: Cooper C. Collins, President 32126 Edgewater Drive  Magnolia, TX 77354	
David E. Waguespack, R/A for Pernix Therapeutics, Inc. 717 Nashville, Apt. 4 New Orleans, LA 70115	
Pernix Therapeutics, LLC c/o Pernix Holdco 3 LLC, Member 10 North Park Place, Suite 201 Morristown, NJ 07960	
Corporation Service Company, R/A for Pernix Therapeutics, LLC 501 Louisiana Avenue Baton Rouge, LA 70802	
I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.	
Under penalty of perjury, I declare that the foregoing is true and correct.	
Date <u>February 4, 2022</u> Signature	/s/ Gini L. Downing
Print Name:	Gini L. Downing Pachulski Stang Ziehl & Jones LLP 10100 Santa Monica Blvd. 13 <sup>th</sup> Floor
Business Address:	Los Angeles, CA 90067

## SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, 11/22 or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: Corporation Service Company, R/A for Pernix Therapeutics, LLC 501 Louisiana Avenue Baton Rouge, LA 70802 3. Service Type ☐ Priority Mail Express® Registered Mail Restricted Delivery Neturn Receipt for Merchandise Signature Confirmation\*\* ☐ Adult Signature ☐ Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) Insured Mail Insured Mail Restricted Delivery (over \$500) CI Signature Confirmation Restricted Delivery 7017 2400 0000 3985 8053 PS Form 3811. July 2015 PSN 7530-02-000-9053 Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, 2 or on the front if space permits. D. Is delivery address different from Item 1? ☐ Yes 1. Article Addressed to: □ No If YES, enter delivery address below: Pernix Therapeutics, Inc. Attn: Cooper C. Collins, President 32126 Edgewater Drive Magnolia, TX 77354 ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted ☐ Delivery ☐ Return Receipt for Merchandise Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery Certified Mail® 9590 9402 3367 7227 2934 90 ☐ Certifled Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ 2. Article Number (Transfer from service label) Signature Confirmation Restricted Delivery ] Insured Mail I Insured Mail Restricted Delivery (over \$500) 7017 2400 0000 3985 8084 **Domestic Return Receipt** PS Form 3811, July 2015 PSN 7530-02-000-9053